

### REMARKS

The Examiner's action of December 17, 2004 is noted in which the claims are rejected under 35 USC 103 as being unpatentable over Evans in view of Chaco et al.

At the very outset, it should be understood that both the Evans and Chaco et al. references relate to in-hospital patient care. There is no reference in either of these patents to provide on-the-spot EMT services out in the field where vital information is needed instantaneously. In point of fact, infrared transmission of information from a nurse's device to a line-of-sight desktop in no way indicates that it can be used in the field.

Moreover, and as now claimed, the device in the field at the remote location away from a hospital or emergency room is capable not only of downloading information from a database but also uploading information from the remote site. As now claimed, the remote site is a site removed from a hospital or emergency room.

It will be appreciated that IR devices are incapable of such remote operation. Moreover, at the time the subject application was filed, there was no wireless telephone that could accommodate both downloading of information from a database and uploading of information to the database.

Thus, it is the Applicant's contention that the combination of the Evans and Chaco et al. references does not teach the claimed invention.

Moreover, as to Claim 3, which is rejected under Evans in view of Chaco et al. and Bui et al., it is noted that even in the Bui et al. patent, no uploading of new information via cell phone from the field to update medical record databases is shown or taught. It will be appreciated that with the Bui et al. patent one cannot, using a cell phone, scan a unique patient ID separate from

the patient record, upload it to a database and then download medical history or input diagnoses from any location and then upload the information to a database and send the information to the next person that may need the information.

It is therefore apparent that Evans and Chaco et al. technologies are useless away from a hospital or emergency room. It is also obvious that the information available in Evans and Chaco et al. is not available to EMTs in the field who now have to write down information by hand and to radio in vitals. Thus, time is lost and EMTs now have to guess what is wrong with the patient without patient records in the field. This leads to potentially incorrect initial diagnosis radioed to the hospital. Understanding what is wrong with the patient in the field is especially difficult for the EMTs when the patient is unconscious.

Moreover, when the patient finally reaches the hospital from the remote location, a physician would lose time finding the patient record and then might have to re-evaluate what is wrong with the patient if the EMT's diagnosis is not aided by patient records.

The subject technology would allow EMTs to better treat the patient carrying the ID, since they would know of the patient's medical history. At the same time, the uploading process that is claimed would save time because the EMT would only have to input information once, rather than writing down information and radioing it into the hospital.

Note that neither Evans nor Chaco et al. consider the difficulties and problems related to transporting patients to emergency rooms by EMTs, because they only discuss technology used in the hospital.

In other words, EMT Team units are viewed separate from the hospital by emergency room personnel. EMTs are simply thought of as transporters of the sick to the hospital, where the “real” treatment is considered to begin.

The subject claimed system, however, ensures that proper and full treatment can begin sooner, since it takes the medical record out of the hospital network by expanding the network on a global scale so that treatment can occur earlier, at the initial scene of trauma.

The sooner proper and full treatment begins, the greater the chance that the patient will survive.

Such a concept is not described or shown in Evans or Chaco et al. Evans and Chaco et al. focus on hospital care, not care in the field. Moreover, Evans and Chaco et al. make no mention of updating the medical record from where the trauma originates using any wireless device at the remote site.

The inventor of the claimed invention wishes to inform the Examiner that he knows the EMT routine intimately. The inventor has worked many years in emergency rooms and has personally witnessed mistakes made in treatment from the field. He also has personally witnessed how time is lost, since proper treatment only begins after the medical record is found and transported to the emergency room.

Even if the Evans or Chaco et al. systems were in place, there is no medical information related to the field.

The inventor has personally witnessed a patient who died in the emergency room after having been transported to the emergency room by EMTs who knew nothing of the patient. In this particular instance, hospital staff tried a little of everything to understand what was

happening. In other words, due to the lack of communication of records to the remote site for the EMTs, the EMTs could not understand what was wrong with the man. As a result, meaningless tests were performed on the man and he died after the tests were performed. The above patient would have had a better chance if the EMTs had the advantages of the claimed system.

In short, the combination of the references suggested by the Examiner in no way teaches a wireless system operable at a site remote from a hospital or emergency room in which the wireless system has both downloading and uploading capabilities. It is the Applicant's view that he has the final piece to the health care communication puzzle and that, while the patents cited relate to in-hospital care, he has extended the reach of such care to be available at the trauma site by those who are the first responders.

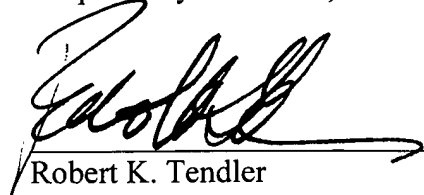
Moreover, at the time the subject patent application was filed, there was no cell phone that had both download and upload capabilities, nor do the cited references show this. This makes the claimed invention un-obvious.

Moreover, the use of infrared to communicate to any kind of a database does not permit EMTs at a remote location to receive or transmit the desired information.

One need only think of the present tsunami disaster to indicate how far afield information must be transmitted and received to show how inadequate the systems of Evans and Chaco et al. would be in such a situation.

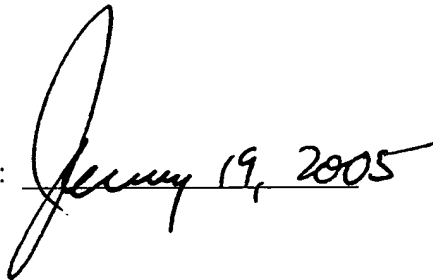
In view of the above Amendment, allowance of the claims and issuance of the case is earnestly solicited.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Robert K. Tandler', with a long horizontal flourish extending to the right.

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Date:

A handwritten date in black ink, 'January 19, 2005', written in a cursive style.